## **Town Of Norwell**

## **BLOCK PARTY PERMISSION FORM**

Applicant Name:			
Applicant Address:			Zip:
Daytime Telephone Number:			
Location of Event:			
Date of Event:			
Rain Date:			
Hours of the Event:			
Completed Form should be returned at least one month before the scheduled event.			
FOR OFFICIAL USE ONLY			
HIGHWAY ( ) APPROVE	()	DISAPPROVE	Initials:
COMMENTS:			
FIRE: ( ) APPROVE	( )	DISAPPROVE	Initials:
COMMENTS:			
POLICE: ( ) APPROVE	( )	DISAPPROVE	Initials:
COMMENTS:			
ADDDOVED BY BOADD OF SE	LECTA	ΛΕΝΙ ΟΝΙ·	/ /2004